



*Minnesota Board of Cosmetologist Examiners*  
2829 University Avenue Southeast, Suite 710 • Minneapolis, MN 55414  
p: 651-201-2742 • f: 612-617-2601 • bce.board@state.mn.us • www.bceboard.state.mn.us

## Salon or School Duplicate License Order Form

This form cannot be used to report change of ownership.

**\$ 20.00 Duplicate License Fee** (payable to BCE)

04/2013

Salon/School Legal Name:
Salon/School DBA Name (DBA = Doing Business As):
Salon/School License Number:
MN Tax ID Number:
Salon/School Address and Phone Number:
Email Address and Web Address:
Salon/School Owner or Corporation Name:
Owner Address (Include Street, City, Zip, and Phone):

The undersigned states that the above information is true and correct to the best of their knowledge and that this form is being submitted to obtain an additional or replacement copy of their license, not in attempt to report a change in ownership and/or location.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Staff Initials: \_\_\_\_\_ Check/MO/Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Application Number: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Processed: \_\_\_\_\_